

DECLARATION AND POWER OF ATTORNEY

(Original Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD FOR ALLEVIATING SYNDROMES AND CONDITIONS OF DISCOMFORT OF THE MAMMALIAN INTESTINAL AND GENITO-URINARY TRACTS

the specification of which is attached hereto and/or was filed on <u>January 17, 2002</u> a Application No. <u>10/051,853</u>.

I hereby state that I have reviewed and understand the contents of the aboveidentified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose information which is material to patentability in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

FOREIGN PRIORITY APPLICATION(S)

			Priority Claimed _ [] Yes [] No
(Number)	(Country)	(Day/month/year filed)	· .
			_ [] Yes [] No
(Number)	(Country)	(Day/month/year filed)	

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional patent application(s) listed below and have also identified below any

United States provisional patent application(s) having a filing date before that of the application on which priority is claimed:

PROVISIONAL PRIORITY PATENT APPLICATION(S)

		Priority Claimed
60/262,759	January 19, 2001	[X] Yes [] No
(Application No.)	(Filing Date)	
		Priority Claimed
		[] Yes [] No
(Application No.)	(Filing Date)	
And I hereby appoint	the registered attorneys and agen	ts associated with AKIN,
GUMP, STRAUSS, HAUER & FI	ELD, L.L.P., Customer No. 0005	570, as my attorneys or
agents with full power of substitutio	n and revocation, to prosecute this	s application and to transact
all business in the Patent and Trader	mark Office connected therewith.	
Address all correspon	ndence to Customer No. 000570,	namely, AKIN, GUMP,
STRAUSS, HAUER & FELD, L.I	.P., One Commerce Square, 2005	Market Street, Suite 2200,
Philadelphia, Pennsylvania 19103.	Please direct all communications a	and telephone calls to
WILLIAM W. SCHWARZE at 21	5-965-1270.	
I hereby declare that	all statements made herein of my	own knowledge are true
and that all statements made on info	rmation and belief are believed to	be true; and further that
these statements were made with the	knowledge that willful false state	ements and the like so
made are punishable by fine or impr	isonment, or both, under Section	1001 of Title 18 of the
United States Code and that such wi	llful false statements may jeopard	ize the validity of the
application or any patent issuing the	reon.	
Full name of sole		
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